Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	6-29-2010	Address:	Argonne Rd @ Jefferson St
Case #:	24F31654		Warsaw, IN
County:	Kosciusko		
Type of Laboratory Seizure (check one)		Seizure Location (c	heck all that apply)
	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence ☐ Outbuilding ☑ Vehicle	☐ Hotel/Motel ☐ Open - No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Vehicle			
☐ Red Phosphorous/Iodine Reaction(s):			
Fiammable Solvents: Vehicle			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: Vehicle			
Corrosive Base: Vehicle			
Citem and location): Ammonium Nitrate, Vehicle			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrin	e Information e/Pseudoephodrine Tracking Log crchant Tip affic Stop
This report is to be faxed to the following agencies that serve the location:			
Health Dep	ment: Warsaw Fire Department eartment: Kosciusko County IID ection Service:	Fax: <u>(574)</u> Fax: <u>(574)</u> Fax: <u> </u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trp. Andrew Cochran</u> Phone <u>574-546-4900</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.